

**New Jersey Department of Health and Senior Services
Bureau of Vital Statistics
P. O. Box 370, Trenton, NJ 08625-0370**

STATE USE ONLY
Co/Mun Code

REQUEST TO PURCHASE CERTIFIED COPY OF VITAL RECORDS FORMS

Please mail this completed form along with the original copy of your Purchase Order to the attention of the State Registrar at the above address. See other important instructions on the reverse side.

Name of Municipality		County		Date		
S H I P P I N G	Ship To Name (Registrar or Deputy Registrar Only)		B I L L I N G	Bill To (Name and Address)		
	Alternate Ship To Name and Title					
	Ship To Address					
Telephone Number ()		Fax Number ()		E-Mail Address		
Form Number / Description of Item			Quantity Per Pkg.	Cost Per Package	No. of Pkgs. Requested	Cost
REG-42A	Certified Copy of Vital Record [Computer-Generated Certified Copies or Photocopies of Births, Marriages and Deaths (Prior to 2004)] Size: 8-1/2 x 11"		500	\$57.23		
REG-42B	Certified Copy of Vital Record (Photocopied 2004 or Newer Death Records) Size: 8-1/2 x 14"		500	\$57.23		
REG-42C	Certified Copy of Vital Record (Microfilmed or Imaged Records / Image on Back) Size: 8-1/2 x 11"		500	\$57.23		
REG-42D	Certified Copy of Vital Record (Typed Birth Record WITH Parents' Names) Size: 8-1/2 x 11"		50	\$5.72		
REG-42E	Certified Copy of Vital Record (Typed Birth Record WITHOUT Parents' Names) Size: 8-1/2 x 11"		50	\$5.72		
REG-42F	Certified Copy of Vital Record (Typed Marriage Records) Size: 8-1/2 x 11"		50	\$5.72		
REG-42G	Certified Copy of Vital Record (Typed Death Records) Size: 8-1/2 x 11"		50	\$5.72		
REG-42H	Certified Copy of Vital Record (Typed Domestic Partnership Records) Size: 8-1/2 x 11"		50	\$5.72		
Shipping Costs (to be determined by size of order) (Shipping costs will be added by the vendor when your order is shipped and billed.)						
TOTAL COST FOR FORMS:						

FOR STATE USE ONLY➡	NJDHSS Authorization Signature	Date
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INSTRUCTIONS FOR COMPLETION

The following instructions are intended to help you complete the order form properly:

Ship To Name/ Alternate	Provide the name of the Registrar or Deputy Registrar who will be responsible to accept and sign for the forms when they are delivered.	
Ship To Address	Provide a physical location address since these forms are shipped via express courier, with a receiving signature required. Do not provide a post office box.	
Bill To (Name and Address)	Provide the name and address of the individual to whom the bill should be mailed. Please enter complete information even if it is the same as the Ship To Address.	
Quantity Per Package	Please note that some of the forms are sold in packages of 500 forms, while others are sold in smaller packages of only 50 forms.	
Number of Packages Requested	Enter the number of <u>packages</u> requested, NOT the number of forms.	
Cost	Multiply the cost per package by the number of packages requested. Add all entries in this column and enter it at the bottom. This will provide an estimate of the bill you will be receiving. Express courier shipping charges will be added to your bill by the vendor.	
Purchase Orders	Make payable to: Moore North America Inc. Contract Number A55230 FEIN: 160331690	Mail directly to: Office of the State Registrar Bureau of Vital Statistics P. O. Box 370 Trenton, NJ 08625-0370
Payment for Processed PO's	Be sure to include the Invoice Number on your check when you remit payment. If space permits, also include the purchase order number, name of municipality and name of county on your check. If possible, attach a copy of the Invoice to the check. Send payment directly to: Moore-Wallace North America P. O. Box 7777-W501934 Philadelphia, PA 19175-1934	

Please direct all **questions** about the forms to the **Office of the State Registrar**
at 609-292-4087, Ext. 505 or 506.